

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses RECEIVED

for LOBBYISTS (RSA Chapter 15)

FEB 0 5 2019

PLEASE PRINT

	LEASETRINT		_	NEW HAMPSHIRE
I. Name of Lobbyist(s	) CHRI	TOPHER H	IFE	DEPARTMENT OF STATE
II. Name of lobbyist's	partnership, firm or	corporation, if any:		
(Nam	ne of partnership, firm or c	orporation)		<del></del>
Business Address: (Str	cet)	(Town/City)	(State)	(Zip Code)
(Telephone)	(	)(Fax)	c-mail	
reportable expense tr	ansactions which are	not attributable to an		ay file a separate report for
•	HAFUSED (0	n041/V	•	
107 70 0	(Full Name of Client as	it appears on the Lobbyis	t Registration Form)	·····
OR All reportable transcurrelated to any particu		(including the lobbyist	's family), or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: activity	April 25, 2018 🛘 ity from date of registration	on to 3/31/18 ac	July 25, 2018 🗍 tivity from 4/1/18 to 6/30/18	3/
	October 31, 2018  activity from 7/1/18 to 9/30/18		January 30, 2019 🗹 ctivity from 10/1/18 to 12/31	Y/ <b>18</b>
V. There have been If this box is checked, o Concord, NH 03301.	no fees received and complete just this form of	d no reportable trained submit it to the Sec	nsactions made since to cretary of State's Office, S	the last report. (Y State House, Room 204,
VI. Check if additions	al reports are attached	l:		
•			ddendum A- Fees and B	
☐ If you have paid as Expense Reimburseme		rsed expenses, you mu	st file <b>Addendum B</b> - Re	port of Honorariums or
☐ If you, your firm, o	or your family has made	e political contribution	s, you must file Addendi	ım C- Political Contributions
and complete to the be	SA 15-B, RSA 14-C an st of my knowledge and		swear or affirm that the $\frac{1/30/19}{\text{(Da}}$	foregoing information is true
(Signature of lobbyist)  Christopher  (Print Name of lobbyi	Fife st)		(Da	te) <sub>.</sub>